

**WORK ORDER****David Aronberg**85 Long View Terrace  
Mineral Bluff, GA 30559  
(561) 445-6915*Johnny to bury! 2nd*Customer #: 204205  
Order #: 381223  
Location #: 279932  
Zone:  
Terms: Net 30

Tech: \_\_\_\_\_

**Map Code:****Service Code:** Propane Service**Description:** 07/31/2025 T/I 250UG w/200G @2.599 + ANODE + YARD LINE  
+ FINAL H/U. Call: 561-445-6915 CCOF - JB*0520 for lock box*

<b>Date Ordered:</b> 7/30/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:****Last Service:****Last Tune Up:****Contract:****SC Renewal:****Manufact:****Model:****Notes:****Instructions:****Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204205Date: 07/31/2025Name: DAVID ARONBERGInstructions: T/I 250UG W/200G@2.599 +ANODE +YARDAddress: 87 LONG VIEW TERRACE

LINE AND FINAL H/U. CALL: 561-445-6915 CCOF - JB

MINERAL BLUFF, GA 30559Order #: 381223

**Disclaimer:** This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

**Appliance Check:**

Appliance	W/H		Loxet OP	Loxet		Loxet
Manufacturer	WHVIER		EMPIRE	H N' H		H N' H
Model #	NPE 2400A2		No PLT	LUM-VF-PV		LUM-VF-PV
Serial #	2082723Y1326056		No PLT	032425		041124
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2518008	GOOD	TRAD	2025	4/6	GOOD

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Rezo	3403TR9	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rezo	404439	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.6

**Piping System Leak Test:****Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
____ PSI	____ PSI	____ Mins	<input type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
____ WC	____ WC	____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: \_\_\_\_\_

**Customer Acknowledgment:** I acknowledge, by checking each of the following items, that:

- ☐ I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- ☐ I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- ☐ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas supply off at the tank or cylinder.
- ☐ I have smelled propane gas and can detect its odor.
- ☐ I have been told to consider installing one or more gas detectors.
- ☐ I have received safety information and told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

Service Technician (Print) <u>BRIAN BRADLEY</u>	Service Technician (Signature) 	Date <u>7-30-25</u>
Customer (Print) <u>DAVID</u>	Customer (Signature) 	Date





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# RINNAI WORK ORDER

Customer Acct #: 204205  
Name DAVID ARONBERG  
Address 85 LONG VIEW TERRACE  
MINERAL BLUFF, GA 30559

Date: 07/31/2025  
Instructions: T/I 250UG W/200G@2.599+ANODE+YARD LI  
AND FINAL H/U. CALL: 561-445-6915 CCOF - JB  
Order #: 381223

DESCRIPTION OF WORK
COMMENTS:
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

## FOR OFFICE USE ONLY

Performed leak check Yes No  
Gas check attached Yes No  
Leak check Initial

Start Pressure End Pressure Time Held System OK

% in Tank

## AMOUNT REC'D

\$

☐ CASH ☐ CHECK #

☐ CREDIT CARD

#

EXP. DATE

- \* I have received the Consumer Safety information & material.
- \* I am satisfied with the work performed.
- \* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
- \* Signing agrees to year contract for discount.

CUSTOMER SIGNATURE

Retail Price		Contract Price
Rinnai \$		\$
Standard Vent Kit \$		\$
Standard Install \$		\$
Total \$		\$
Tank Set		New Cust Special
L.P. Gas /Gal 2.999		L.P. Gas /Gal 2.599
Gallons 200		Gallons 200
FRCC \$9.79		FRCC \$9.79 9.79
Fuel Total 599.80		Fuel Total 519.80 519.80
Tank Lease/YR 129.00		1st yr Lease FREE FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250		Tank Set Fee 20.00 20.00
Safety Inspection \$129.95		\$29.95 29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		553.63
Safe Appliance Rebate		200.00
TOTAL BALANCE DUE		